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### 2014 Monitoring Visit to Crossroads Adult Transitional Center

Crossroads Adult Transitional Center (ATC) (Crossroads) is located on the west side of Chicago. It is a minimum-security male facility, one of four ATCs remaining within the Illinois Department of Corrections (IDOC). Crossroads has been operated contractually by the non-profit Safer Foundation (Safer) for more than 30 years.



#### Vital Statistics:

Population: 377  
Rated Capacity: 250  
Operational Capacity: 380  
Average Age: 35  
Population aged 50 or older: 10%  
Cost per Inmate (FY 2012): \$21,737  
Convicted in Cook County: 66%  
Convicting Offense: 8% Class X, 48% Class 1, 26% Class 2, 6% Class 3, and 13% Class 4 felonies.  
Population by Race: 69% Black, 19% White, 10% Hispanic, 1% Asian, and 1% Other

Source: IDOC, February 2014

#### Key Observations

- Crossroads focuses residents on goals, most importantly employment, as the key to reentry success.
- The Safer Foundation (Safer) has exceeded IDOC's minimum requirements by seeking out community partnerships, particularly with educational entities, as well as additional grant funding to institute effective practices.
- Younger individuals do not always appreciate the opportunities afforded in the ATC setting.
- Safer has been successfully aiding ATC residents with enrolling in Medicaid under the Affordable Care Act (ACA) expansion. However, whether such individuals may be excluded from coverage due to still being IDOC custody, and considered "incarcerated," may be an open question.

# 2014 Monitoring Visit to Crossroads Adult Transitional Center

## Executive Summary

In 2012, when Illinois proposed closing several Adult Transitional Centers (ATCs), JHA stated that these centers are ultimately more effective at rehabilitation than prison, and that Illinois needed more ATCs, not fewer. Unfortunately, the number of ATCs has since been reduced to just four (down from a high of 15 in 1986): Fox Valley ATC for women located in Aurora and Peoria ATC for men, both operated by IDOC, and Crossroads ATC and North Lawndale ATC, both contractually operated by the non-profit Safer Foundation (Safer) in Chicago.<sup>1</sup> Currently, there are 958 beds in ATCs available in Illinois, representing less than two percent of IDOC bedspace (of these 130 spaces are for women, and 580 beds for men are operated by Safer). IDOC funding covers the cost of operating Crossroads while Safer obtains grant funding for special programming and provides for any necessary capital improvements to the facility through other funding resources. Safer operated ATCs are audited annually by IDOC.

One reason why ATCs may not have had sufficient support to avoid closure in the past is that many people misunderstand the populations served. On the one hand, there is the “not in my backyard” sentiment of people who fear living with felons in their communities and how this may affect public safety. However, the individuals housed in ATCs are strictly supervised and are required to engage in structured, positive activities, unlike the majority of IDOC inmates who leave prison on Mandatory Supervised Release (MSR, Illinois’ “parole”). Further, inmates housed in ATCs, like Crossroads, often provide substantial volunteer services that benefit the local community.

On the other hand, some people dismiss ATCs as unnecessary because they largely house low-level drug offenders, a population that a growing number of people believe should not be incarcerated at taxpayer expense. Administrators estimated about 90% of Crossroads residents are incarcerated for drug offenses. In fact, most residents of ATCs would qualify for rarely utilized electronic detention.<sup>2</sup>

The underappreciated benefit of ATCs, however, is that they provide this population with the opportunity to stabilize and restructure their lives around lawful employment, giving these individuals a chance to break free of the destructive cycle of recidivism. Administrators stressed that gainful employment facilitates successful reentry, thus keeping more people out of prison. The ATCs’ policy that mandates that residents save a percentage of their income allows them to leave state custody with much needed resources. In contrast, most inmates leave IDOC prison custody on MSR with very little, perhaps just a bus ticket to a location near their parole site and

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<sup>1</sup> The mission statement of Safer is presented in the resident orientation handbook: “Safer Foundation is a not-for-profit organization dedicated to reducing recidivism by supporting, through a full spectrum of services, the efforts of former offenders to become productive, law abiding members of the community.” For more information see Safer’s website, <http://saferfoundation.org/>.

<sup>2</sup> See 730 ILCS 5/5-8A.

few dollars. Moreover, many leave without a solid plan, or means to obtain employment, medical and mental health treatment, or permanent housing.

ATCs bridge the gap between incarceration and inmates' return to the community. Historically JHA has not focused our work on this population because ATC residents, while still in state custody, have far more contact with the outside world than typical prisoners.<sup>3</sup> Nonetheless, examining the successes and challenges of ATCs can teach us about the best ways to rehabilitate and prepare inmates for reentry, as well as the limits of our prisons, which are simply incapable of providing what can be accomplished in a community setting. This exploration of Illinois' ATCs is especially timely as IDOC implements its planned Risk Assets Needs Assessment (RANA) screening tool, SPIn, which will permit the agency to better consider the risks, needs, and strengths of individuals in its population and correspondingly reconsider classifications and funding allocations to promote successful reentry.<sup>4</sup> Further, successful implementation of SPIn will allow IDOC to create more individualized determinations and reentry plans for inmates, as has proven successful in case management used by Safer at Crossroads.

Inmates at Crossroads are referred to as "residents," not "offenders."<sup>5</sup> Crossroads allows incarcerated individuals to serve the final six months to two years of their sentences in a community-based, work-release setting. The average stay is about 12 months.<sup>6</sup> On the date of the visit, there were 377 residents out of a maximum operational capacity of 380.<sup>7</sup> Residents are given earned privileges and freedoms to interact with the community and prepare for reentry within a structured environment.

This report addresses the following areas: Results, Eligibility, Healthcare, Structured Environment, Employment, Positive Programming, Treatment, and Staffing.

## Recommendations

- JHA recommends that IDOC reevaluate who may be best served in ATCs through implementation of SPIn, and consider using ATCs as step-down housing for appropriate inmates within two-years of parole.

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<sup>3</sup> Residents at Crossroads and other ATCs, unlike IDOC inmates, are free to contact JHA using facility pay phones, but they rarely do.

<sup>4</sup> See JHA's special report *Reforming Illinois' Prison System from the Inside Out*, available at <http://www.thejha.org/rfp>.

<sup>5</sup> JHA supports this language distinction as it fits with rejecting the notion that a person is defined by committing offense.

<sup>6</sup> In the past year, with the implementation of new Supplemental Sentencing Credits (SSC) there has been some unpredictability about length of stay for residents, since much of the population is eligible for such credits. Safer recommends eligible Crossroads inmates for awards to IDOC, like other facilities. See IDOC's statement on SSC at <http://www2.illinois.gov/idoc/news/2013/Pages/NewAdministrativeRuleonSentenceCredit.aspx>.

<sup>7</sup> This report is based on a monitoring visit conducted on February 21, 2014 and ongoing communications. IDOC officials and Safer/Crossroads administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on May 13, 2014. No factual substantive changes have been made since that time prior to publication. All statements of opinions and policy recommendations herein are JHA's unless otherwise stated. See also JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at [www.thejha.org/method](http://www.thejha.org/method).

- Illinois must resolve the question of whether ATC residents can be provided with Medicaid coverage, as IDOC does not provide medical care for individuals in custody at ATCs and they must seek care in the community.
- We recommend that the department learn from Safer's good examples, particularly in regards to the individualized assessments and case management provided.

### ***Results***

Administrators reported that since 2000, Crossroads has served 7,377 inmates with 1,475 receiving substance abuse treatment, 832 obtaining GEDs, and 5,532 (about 75%) obtaining job starts. For Fiscal Year (FY) 2013 and FY2014 thus far, positive exits were reported as 76%, meaning that these inmates were released on parole from the facility. Given the significant challenge residents face in learning to conform behavior to strict rules in an environment with considerably more freedom than prison, this is remarkable and notably improved from 64% in FY2011. Every week about eight residents leave Crossroads through release to parole or revocation (being sent back to IDOC prisons), and new inmates are transferred to Crossroads from Stateville Northern Reception and Classification Center (NRC). During the visit JHA was able to observe some new residents being welcomed to the facility.

Administrators commented that younger residents, between the ages of 19 to 23, most frequently violate the rules of the facility and are returned to a prison, and that younger individuals who parole from the facility more commonly recidivate. In FY2013, there were 12 failures to return at Crossroads, meaning that residents went AWOL from the facility on a leave, on only 12 occasions out of many thousands of opportunities. Administrators stated this was far lower than about ten years ago when there were 70 to 80 failures to return per year. They remarked that the majority of failures to return occur around the holidays. A sign above the door reads simply, "Come Back."

Safer attributed their success in managing the population to an environment that is "conducive to doing good." All Crossroads staff set personalized goals for each resident, hold them accountable, and have high expectations of their ability to succeed. Staff both encourage and demand success. The recidivism rate reported by Safer within three years for Crossroads was 33%, compared to 47.1% for IDOC.<sup>8</sup> Safer tracks data on the facility through a partnership with a professor at Loyola University.

During the visit, administrators discussed how it can be difficult to predict how residents will do when they return to communities because many who succeed at Crossroads respond well to a structured environment but may struggle to maintain good habits living on their own. Gaining practical, marketable skills was cited by administrators as the largest single factor in successful exits, both short term and long term. In fact, in a 2008 recidivism study, the three year recidivism rate for Safer clients receiving job starts was just 18% compared to 52.3% for other 2005 IDOC

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<sup>8</sup> IDOC measures recidivism in three-year periods. The 47.1 figure is for inmates released in Fiscal Year 2009 and tracked for three years, ending FY12. Figures for inmates released in FY10, tracked through FY13, are not yet available.

releasees.<sup>9</sup> Safer administrators believed that recidivism is reduced through vocational training and residents becoming vested in their futures, particularly with careers. Again, staff stressed the importance of leaving with a realistic, comprehensive plan.

### ***Eligibility***

Currently, to be eligible for Crossroads an inmate must: (1) have no more than two years and no less than 180 days remaining on this sentence prior to his release date; (2) be classified as minimum-security and have a good history of institutional behavior; and (3) not be serving a sentence for murder, any Class X felony, attempted murder, voluntary manslaughter, aggravated kidnapping, indecent liberties with a child, or arson.<sup>10</sup> Administrators stated those with sex offenses are also excluded. Additionally, the inmate must not have any documented involvement in organized crime, large narcotics trafficking, or incidents of escape. Some inmates meeting certain eligibility requirements are designated as “permanent parties” at ATCs, meaning they are designated to work assignments at the facility.<sup>11</sup> There are currently four permanent parties at Crossroads. IDOC, not Safer, selects inmates to be housed at ATCs; however, Safer does review eligibility at intake. Currently, all Crossroads residents come to the facility after serving time at an IDOC prison, that is, no one comes directly from IDOC intake.

### ***Healthcare***

In the written program materials we reviewed, neither Crossroads nor IDOC explicitly stated that inmates who are on psychotropic medications are ineligible to be ATC residents. However, we were told by Crossroads administrators that such inmates are not housed in or accommodated at ATCs.<sup>12</sup> IDOC responded that inmates on psychotropic medications can be housed in and accommodated at ATCs if found to be using proper doses of medicine(s) without needing a “watch-take” procedure. Illinois law states that to be eligible for ATCs inmates must simply: “Have no acute medical or dental problems requiring resolution prior to a transfer.”<sup>13</sup> This prohibition seems to relate to the fact that IDOC requires that inmates at ATCs be responsible for their own healthcare, and inmates with more serious medical needs will be returned to IDOC custody in a prison.

JHA believes that excluding stable inmates who are taking psychotropic medications from participating in opportunities such as ATCs does not seem consistent with the protections of the Americans with Disabilities Act (ADA). Excluding stable inmates would miss an opportunity to give inmates with mental illness, who constitute a large percentage of the population, a structured transition for their eventual return to society. Precluding such inmates from transitional programming perpetuates the fallacy that they cannot be safely returned to communities. Rather than excluding inmates with mental illness from ATCs, efforts should be made to specifically target this population for transitional assistance. To this end, JHA

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<sup>9</sup> Study summary data provided by Safer.

<sup>10</sup> See 20 Ill. Adm. Code 455.30.

<sup>11</sup> See 20 Ill. Adm. Code 455.30(c).

<sup>12</sup> Inmates taking psychotropic medications in the prior six months also will not currently be accommodated at IDOC boot camps.

<sup>13</sup> 20 Ill. Adm. Code 455.30(b)(5).

recommends that IDOC consider reframing ATCs as step-down facilities, and expand capacity and eligibility.

ATC residents fall outside the purview of the custodial medical care that the state is required to provide to persons incarcerated in prisons. ATC residents are in IDOC custody, yet not, as they live and work in the community, but at the same time are housed and strictly supervised by the state, and are not entitled to freely come and go as they choose. We note, unlike incarcerated individuals, employed ATC residents are taxpayers. Residents of Chicago ATCs visit Cook County hospitals for serious medical issues and Safer has established a partnership with Mount Sinai Hospital for free exams (including basic physical, cholesterol test, and blood work).

It is uncertain whether, for purposes of coverage under the Medicaid expansion of the Affordable Care Act (ACA) ATC residents are deemed ineligible because they are still in state custody, or whether, like parolees who have returned to communities, they are eligible for coverage.<sup>14</sup> Safer staff reported that residents have been successfully enrolling in County Care since its inception.<sup>15</sup> Also recognizing ATC residents' need for healthcare coverage, Safer has taken the initiative to educate about, and aid residents with enrolling under, the ACA Medicaid expansion over the past months. Staff reported that residents had been successfully enrolled through these efforts. However, IDOC operated Fox Valley ATC for women has not been enrolling residents. Although IDOC officials report that parolees are receiving information about Medicaid, JHA has not yet observed education and enrollment assistance offered within IDOC facilities prior to release. IDOC responded that they are now providing such education and enrollment assistance for ACA Medicaid expansion to more than 1,000 inmates via pilot programs at Stateville, Taylorville, Jacksonville and Centralia Correctional Centers and report that they are currently awaiting further coordination with Illinois Healthcare and Family Services (HFS) and Department of Human Services (DHS).

JHA believes that if residents are required to seek medical care in the community they should be covered by the ACA, if eligible, and that IDOC should assist minimally with education about enrollment, and ideally begin the enrollment process with inmates (if this is found legally permissible by Medicaid officials), as part of reentry preparation for all inmates. IDOC officials reported that they agree and have begun to do so with the pilot programs.

### ***Structured Environment***

The Crossroads building is 105-years-old and lacks an elevator;<sup>16</sup> however, JHA visitors appreciated that it was a clean, well-maintained, and generally positive environment that is conveniently located to public transportation. JHA also noted that there were numerous cameras

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<sup>14</sup> See Factsheet "The Incarcerated & The Affordable Care Act: The Facts in Illinois," available at <http://illinoishealthmatters.org/wp-content/uploads/2013/11/The-Incarcerated-And-the-ACA.pdf>. Note that this does not list ATC custody under any category. See also, Patricia Blair, et al. Robert Greifinger, T. Howard Stone and Sarah Somers, American Bar Association, "Increasing Access to Health Insurance Coverage for Pre-trial Detainees and Individuals Transitioning from Correctional Facilities Under the Patient Protection and Affordable Care Act," (February 2011), p. 4, available at [http://www.cochs.org/files/ABA/aba\\_final.pdf](http://www.cochs.org/files/ABA/aba_final.pdf).

<sup>15</sup> For more information see <http://countycare.com/>.

<sup>16</sup> The North Lawndale ATC is an ADA compliant building.

throughout the facility. Administrators reported these cameras have excellent coverage throughout the facility, and that they are both monitored in real time and recorded. JHA commends this effective use of technology. Residents have keys to their rooms. Most rooms are set up for two-man occupancy, but some rooms house four men. Administrators were considering creating an eight-man room. We were told that residents do not like rooming with more people because they are held accountable for their roommates' actions. Hence, the eight-man room was being considered as a disciplinary measure or reverse incentive.

Each residence floor has an activity room, bathroom facilities, and laundry facilities. A head count is conducted every two hours and residents are not free to move between floors without a purpose. JHA visited residential floors, the gym, dining area, visiting area, and resource room. Dietary serves the IDOC master menu. However, bag lunches are frequently provided as many residents do not eat lunch on-site. Crossroads also serves a late supper for those who work evening shifts so that they can have a hot meal. The resource room is a computer lab where residents can work on resumes and send emails for jobs. Use of the computers for non-employment related purposes is not allowed and the room is monitored. Throughout the facility JHA observed helpful informational postings, including information about tax filing.

One important aspect of ATCs is that they attempt to teach fiscal responsibility. Residents are put on a budget, and are mandated to set aside a portion of their income in savings and pay a percentage for cost of living. The maintenance fee is assessed at 20% of net income, not to exceed \$100 per week, but for those in educational programming who are required to work part-time, maintenance is calculated at 20% not to exceed \$50. Residents may request budget special allowances, but are not allowed to have any unbudgeted cash in their possession. A resident's IDOC prison trust fund account will transfer to Crossroads and loved ones may drop off limited funds and items to the facility.<sup>17</sup> Crossroads also will provide residents a loan for public transit. Safer staff noted a positive relationship with the Chicago Transit Authority (CTA) enabled them to have a smooth transition this year to the Ventra card system (unlike what was experienced by many in Chicago.)

Treating excess cash as contraband is one way in which ATCs more closely resemble prisons than residential housing. Another way is the strict prohibition on cell phones. In fact, JHA recently encountered a former resident of Crossroads at NRC who stated that he was re-incarcerated because his roommate had a cell phone. IDOC responded that he was in fact re-incarcerated because he used a cell phone and that they do not return ATC residents to prison because of by-association cell phone violations. Pay phones are available for use in common areas of the facility and other communications are facilitated by Crossroads staff. Rules of IDOC are for the most part still strictly enforced in ATCs, although enforcing such rules is much more difficult with residents who have outside access. Many things that are prohibited in correctional facilities are common in the free world. During the visit, JHA visitors smelled cigarette smoke in the building, although we do not know if it was a staff member or resident who was violating rules. Tickets at the facility are mostly minor.<sup>18</sup> Administrators stated that there is not a lot of

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<sup>17</sup> Please check with the facility for current rules.

<sup>18</sup> In FY13 there were 710 tickets written: 21% were for violation of rules (such as room visiting), 21% were for unauthorized movement, 18% for insolence, 15% for contraband, 4% for drugs, 4% for theft, 4% for smoking, 4% for cell phones, and the remaining 9% were miscellaneous.

physical aggression at the facility. There were only four grievances recorded in FY13.

Privilege phases at Crossroads are orientation and Levels I through IV. Privileges increase as the resident progresses through the levels. An inmate may regress in level if his behavior is not acceptable. Serious infractions will result in the resident being returned to IDOC custody. During the first seven days at the facility all residents participate in orientation consisting of initial intake forms and assessments used to create Individual Program Contracts, and review of the rules governing the facility. After completing orientation, the resident is placed on Level I, which consists of 23 days of programming of various modules and may include sessions on: goal setting, self esteem, anger management, family and relationships, violence resolution, parenting, HIV/STD education, drug education, obeying the law and interacting with law enforcement officials, job readiness, and values. All residents need valid state identification (ID) before they look for work, and administrators reported that they have established good working relationships with the Secretary of State and the Social Security Administration to assist residents in obtaining IDs. Residents' ID cards list Crossroads as their home address. Staff also work with residents and their loved ones during the first month to set reasonable expectations of the program and to rebuild family relationships. A program is available for families and friends of residents to explain what is expected during visitation at the facility or during host site visits. A representative from the state comes to Crossroads to assist residents with requests for child support modifications. Orientation and Level 1 modules change based on what is relevant and applicable to the resident population. Topics introduced during this period are revisited with residents as needed in an ongoing fashion based on individualized determinations of continuing need. Residents who are in orientation, Level 1, or are permanent parties who are not under any restrictions may go on store or bank runs with staff escorts.

Once a resident has completed Level I programming and has been at Crossroads for a minimum of 30 days, he may progress to Level II. The resident remains on Level II for at least 60 days and is required to be involved in programming for 35 hours per week. He is allowed to go on job interviews or to work, and has participates in weekly staff-supervised activity or one weekly three-hour volunteer activity. Residents are not permitted to travel to any location that is more than two hours away. There must be a landline available anywhere the resident goes for movement to be approved. Residents may contact Crossroads at any time through a toll free number. Residents in Level II that have jobs are required attend a class on staying employed. Residents who have fewer than 35 programmed hours per week are considered "part-time programmed" and may not advance to the next level. Currently 45 residents are part-time programmed, 307 are full-time programmed, and 28 are non-program active. If a resident is full-time programmed and has no documented infractions for 45 days, he will proceeds to Level III. During this phase the resident continues work and programming, and is allowed six hours of independent release per week. He also participates in one weekly three-hour volunteer activity, and is allowed one 72-hour leave per month to a preapproved host site that is monitored via spot checks. After 30 days of no infractions, the resident may move to Level IV. The resident will remain on Level IV as long as he continues to display excellent adjustment until release. In this level the resident receives two six-hour passes per week, four 72-hour passes per month to his host site, and the resident participates in program on how to conduct oneself on the job. Administrators stated that about 85% of the population will earn their way to Level IV before

they exit Crossroads. On average at any given time 7% of the population is in Orientation, 19%, in Level I, 21% in Level II, 14% in Level III, and 38% in Level IV.

### ***Employment***

Currently 15 residents are employed part-time and 253 are full-time employed. Encouragingly, the percentage of eligible residents employed has grown from 63% in FY2011 to 82% in FY2014, with a recent 30-day job retention rate of 63%. Administrators stated that 30-day retention is a good indicator of employment success and longer employment correlates with lower recidivism. In the Safer 2008 recidivism study, the three year recidivism rate for Safer clients who achieved 30-day employment retention was 20% and for those with 360-day retention the recidivism rate was just 16%.<sup>19</sup> They also noted that residents' rates of employment are adversely impacted by temporary jobs, which end due to the nature of the assignment, not the fault of the employee. Safer staff job developers were credited with finding about 75% of jobs for residents. Administrators noted that they have improved in this area through targeted job placements in different sectors, providing transportation to more distant work sites, and identifying employers close to public transportation. Staff mentioned that there are Crossroads residents working on all three shifts at Suncoast Corporation, a plastic storage container manufacturer. Administrators commented that having a working relationship with Illinois Department of Employment Security (IDES) is also helpful. Among Crossroads' success stories are five residents who worked their way up to management positions at various businesses, including Five Guys, Dunkin' Donuts, and Subway, and then went on to hire other Crossroads residents. When residents are paroled and leave Crossroads, they also continue to have access to Safer's employment services and other assistance in the community.

### ***Positive Programming***

Educational needs in the population are substantial. Crossroads staff commented that they are getting more residents who are younger with lower academic skills than ever before. Some staff remarked that residents did not appear to be learning much from school in the Illinois Department of Juvenile Justice (IDJJ), and that Chicago Public School (CPS) grade level often did not accurately reflect academic ability and achievement.

Safer gives all new residents a Test of Adult Basic Education (TABE) upon intake if they do not have a recent score. Crossroads uses an internally developed locator test to place residents at an academic level during the first month at Crossroads. This testing includes interviews for residents by two different educational staff members. JHA visitors reviewed a selection of the locator test submissions written by residents and noted a serious lack of reading comprehension in some responses. The needs of these individuals, who lacked the basic reading skills required to successfully navigate the IDOC system, were alarming.

Residents who are assessed to be within reach of passing the General Educational Development (GED) test are "strongly encouraged" to do so, particularly if they are younger, although this is voluntary. Students are given follow up practice GED tests at four and six weeks to assess if they

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<sup>19</sup> Study summary data provided by Safer.

are ready for the actual test. Students do not incur any expenses for testing. Crossroads is an authorized site to administer the new computer-based GED tests and has laptops designated for this purpose. Safer staff reported that for students who excel, there is a scholarship opportunity at a local community college. Residents who test at an extremely low level are referred to The Learning Center.<sup>20</sup> For other students, Crossroads attempts to have a two-grade level improvement over the length of a course, in relation to funding provided by the Illinois Community College Board (ICCB). Residents may reenroll in the class if they want to continue to improve. Class modules last six to eight weeks and typically have 15-22 students, with one class active at a time. Currently 28 residents are enrolled; however, administrators explained this was due to having an unusually large group of residents come in at the same time. Classes concentrate on math and writing skills. There is very little use of textbooks. Classroom instruction is individualized and often uses peer teaching with facilitators, where residents who are strong in one subject aid those who are not (commonly this is used for math). Staff stated that residents often can explain things to one another more clearly, but that writing requires more help from staff. Crossroads has one Spanish speaking educational staff member who can accommodate one or two Spanish speaking students per class.

Safer reported that there was no wait list to participate in education. However, the goal of the ATC is employment and job retention, as opposed to academic achievement. GEDs, basic academic skills, and computer skills are seen as a means to obtaining and retaining employment. Although class time counts towards programmed time for the level system, residents are also expected to work at least part-time.

Safer benefits from several unique grant funded vocational programs that focus on training for jobs that are available to convicted felons. This year, the Chicago Community Trust awarded Safer a grant to provide 180 hours of vocational training for 60 individuals to become Commercial Numerical Control (CNC) operators. 60 hours of the training takes place in the Crossroads building in the CNC classroom lab equipped with laptops, and the remainder at the Arturo Velasquez Institute where the machinery is located. The CNC field is an area where retirements are creating numerous entry-level job opportunities at higher wages (about \$15 an hour). The first Crossroads class had 17 students enrolled with 15 completing the program. Of the 15 completing, 13 are currently employed as CNC operators and two are employed with previous employers (to whom they felt too much loyalty to leave for CNC jobs). Administrators reported 122 people were waitlisted for this training. Safer would like to be able to add additional classes if funds can be secured. Safer also received a \$1 million grant from the United States Department of Labor's Training to Work vocational program, which will fund 125 residents in training in five areas: CNC, welding, lift truck, food service, and Microsoft. Partners for vocational programming include Daley College, Jane Addams, and Manufacturing Works. Participant residents receive industry recognized credentials upon completion of these training programs. Residents must meet academic and timing requirements to be considered for any of these programs.

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<sup>20</sup> See organization website at <http://www.tlchicago.org/>.

As noted above, in addition to school or employment, Crossroads residents are required to log volunteer hours and in 2013, they provided more than 10,000 hours of community service.<sup>21</sup> One popular program is the “Keeping It Real” program, where residents speak to various groups about their experiences. Administrators noted that these speakers had recently given a very successful presentation to Walgreens about loss prevention and educated professionals about real life shoplifting strategies. Staff stressed that there is a lot of talent at the facility and that they encourage residents to explore, share, and positively redirect these talents through events in the community, or talent shows or choirs at Crossroads. The facility also hosts special events for residents who have gone without discipline, or are ticket free, that encourage family involvement; past examples include: an event where residents read letters they have written to their mothers, a children’s fall festival, and a daddy daughter dance.

### ***Treatment***

Formal substance abuse treatment that qualifies residents for IDOC sentencing credits is available at Crossroads. At the time of the visit, there were 38 participants in the three to six month program provided through contractor non-profit WestCare Foundation (WestCare, which also provides Sheridan Correctional Center’s substance abuse treatment programming). A non-credit substance abuse support group offers meetings twice daily. Additionally Alcoholics Anonymous (AA) is offered twice a week at the facility and a Narcotics Anonymous (NA) program was being approved. Interestingly, given the fact that most treatment professionals accept that relapse can be a part of a persons’ substance use disorder, Crossroads reported that dirty drops for alcohol and marijuana do not automatically result in violations sending the resident back to IDOC custody; however, violations for harder drugs will. Since Crossroads offers a licensed treatment program they are equipped to address relapse, and discipline for dirty drops will result in demotion of level and other ATC based responses to irresponsible behavior.

Mental health treatment at Crossroads is creative and collaborative with community resources, including utilizing Adler School of Professional Psychology graduate level interns. As mentioned above, administrators reported that no residents were on mental health medications. All residents are screened during intake at Crossroads for mental health treatment need. There were 13 residents on the mental health caseload at the facility; however, mental health treatment or programming is not exclusively limited to those on caseload. Individual, group, and family therapy is available and treatment is individualized. Staff stressed that they use alternative treatment approaches, but focus on talk therapy or cognitive behavioral therapy (CBT), with a particular emphasis on co-occurring mental health and substance abuse issues, given that most of the population has a dual diagnosis. Additionally, art therapy is offered through a partnership with the Chicago School of Professional Psychology. A recent art therapy project had residents to create masks, which were exhibited in collaboration with the Art Institute. We were told the next project is puppets. JHA applauds Safer for recognizing the tremendous, often undiagnosed,

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<sup>21</sup> These hours are donated through work for political offices, neighborhood cleanup, community centers, shelters, and churches. Residents are also involved in an “Adopt a School” initiative in which they buy cookies where the proceeds fund special programs at a school (such as sponsoring a chess tournament). Staff noted that they wanted to expand the partnership to having residents do repairs at the school. This would be an improvement as JHA questions whether resident participation through buying items, though well-intentioned, is accurately described as “community service.”

mental health treatment needs of their ATC populations and the creative approaches and partnerships adopted to provide quality care while educating future professional providers.

Several staff commented that many residents enter Crossroads with poor coping and socialization skills. JHA appreciated that the treatment manager kept an open door with coffee brewing so that residents could stop by to talk. Staff expressed that Crossroads has “40-year-olds with a 15-year-old mentality,” with no knowledge of social expectations. Some have not learned how to act properly in a community setting and must be taught. Self esteem is also a problem in the population. Another pervasive issue noted by administrators, was residents adopting tough-guy facades, swaggering, acting hard and not afraid to die, to cover up real issues. Staff commented that grief and sexual assault counseling are common needs. They also noted that separation from children is a common grief trigger. Staff noted that success with the population has to be considered and balanced against the reality of real issues that are going on in residents’ lives and difficulties that they will face in returning to their communities. Treatment staff also stated that many of the younger inmates are “overwhelmed by life” and they have no living plan; it is a challenge for them to get through the day because they have not dealt with normal issues of daily life. Hence staff cover a lot of practical topics outside the usual treatment routine. Staff also expressed that this population is their own worst enemy. One security staff member thoughtfully noted that they see fear of success as well as failure holding people back. It can be easier for residents to default to blaming others instead of taking responsibility for their futures. Administrators shared that “more guys cry in here” and worried that if they fully “tore down,” or delved into the issues in some of these men’s backgrounds, they may not have sufficient resources or time to build them back up. Staff reported that some residents have difficulty transitioning out of Crossroads because they feel safe there. While overall residents at the facility seemed positive and engaged, JHA visitors too were struck by the sense of sadness we perceived in some of the men at the facility during idle time. Some residents just were looking out the window at the Chicago skyline, and being at the ATC felt oddly removed; the sense of being so close, yet so far, and wondering “where do you go from here?,” was powerful.

### *Staffing*

Administrators reported that there are more than 80 staff authorized for a population of up to 380 inmates.<sup>22</sup> Case managers serve a conduit for resident programming and management; the ratio of 38 residents to one case manager is far better than ratios for correctional counselors in IDOC facilities. All of Crossroads’ staff, including security, is involved in programming and validating positive activity. At this facility there is an awareness that JHA has found missing at IDOC prisons, that these incarcerated individuals will soon be, or already are, walking the same streets as staff and their families and that everyone should be invested in positive outcomes. One staff member commented that working with this population is rewarding and that low pay is offset by knowing that you are helping someone who is part of the community and could be a family member.<sup>23</sup> JHA was particularly impressed by Safer’s appreciation and use of different staff’s style and rapport with residents. Administrators acknowledged that sometimes people just do not

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<sup>22</sup> The facility is staffed with a Center Supervisor, a Chief of Security, 46 unarmed security officers, a Program Manager, 10 case managers, three auditors, a Program Treatment Manager, five drug treatment counselors, three mental health interns, three GED instructors, and a support staff of 10. All staff is contractual.

<sup>23</sup> If a resident is related to a Crossroads employee, he would be transferred to the North Lawndale ATC.

hit it off and stated that there is always someone at the facility who is involved in a resident's situation and will advocate for him reaching his goals. Crossroads also benefits from many community partnerships, notably with Chicago area educational institutions for mental health treatment and vocational training, and with volunteers.<sup>24</sup> Overall JHA was impressed with Safer staff who take initiative to address issues and make improvements to operations and programming as needed. We believe this results from a combination of having experienced, dedicated, and talented administrators and staff, and not being encumbered by all of the bureaucracy that hinders change in IDOC and its facilities.

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<sup>24</sup> Crossroads utilizes volunteers in various ways at the facility, from running special programming (such as literacy or faith-based programs), to assisting in the resource room, to being trained to assist case managers or with orientation classes. Administrators stated volunteers from the community at Crossroads donated 5,000 hours of services a year. Staff noted that volunteers can get discouraged because it can be difficult to keep the population engaged and active in ongoing programming, but that they try to ensure volunteers succeed. Safer has volunteer coordinators on staff and volunteers can be accommodated in community (non-secure) Safer locations so that IDOC clearance is not so much of a hindrance to getting volunteer programming up and running.

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Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.



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